

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/517256

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		2		1		2
4		(1)		1		(1)
5		(1)		1		(1)
6		(1)		1		(1)
7		(1)		1		(1)
8		(1)		1		(1)
9		(1)		1		(1)
10		(1)		1		(1)
11		(1)		1		(1)
12	1		1		1	
13	1		1		1	
14	1		1		1	
15		3		1		3
16		3		1		3
17		3		1		3
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50						
TOTAL IND.	5	↓	5	↓	5	↓
TOTAL DEP.	19	←	12	←	19	←
TOTAL CLAIMS	24		17		24	

* in Remarks
section of Pre-
A submitted on
8/16/2006,
applicant only
intended to
amend SEQ ID
NO identifiers,
not revert back
to original
improper
multiple claims

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	